تاریخ	اداره محلی		

Washington State
Department of Social & Health Services

ESA Economic Services Administration

محاسبه پرداخت اشتباه
خدمات اجتماعی
**Social Service Incorrect
Payment Computation**

پرداخت اضافه فروشنده ☐	پرداخت اضافه مشتری گیرنده وجه ☐
شماره پرونده فروشنده / ارائه دهنده **VR**	شماره پرونده مشتری گیرنده وجه **CR**
نام فروشنده	نام مشتری گیرنده وجه

مبلغ	شماره ارائه دهنده	شماره فاکتور	کد مجوز	کد دلیل	کد منبع	کدSSPS	نوع خدمات	نام خدمات	تاریخ ضمانت	شماره ضمانت	سال	ماه
مبلغ کل		تاریخ			امضا							

DSHS 18-399 FA(REV. 03/2014)Farsi

SOCIAL SERVICE
INCORRECT PAYMENT COMPUTATION

INSTRUCTIONS

PURPOSE: The Social Service Incorrect Payment Computation, DSHS 18-399, is used to compute the incorrect payment for social service overpayments. The DSHS 18-399 is attached to the Client Overpayment Notice (DSHS 18-398) or to the Vendor Overpayment Notice (DSHS 18-398A). Both forms notify either the client or the vendor and also the Office of Financial Recovery (OFR), of a social service overpayment.

1. LOCAL OFFICE: Enter the name of the local office.

2. DATE: Enter the date the DSHS 18-399 is prepared.

3. CLIENT PAYEE / VENDOR OVERPAYMENT: Indicate whether this is a client payee or a vendor overpayment.

4. CLIENT CASE NUMBER / VENDOR CASE NUMBER: Enter the client case number or vendor case number. Include the suffix "CR" (for client recovery) or "VR" (for vendor recovery) after the numerals.

5. CLIENT PAYEE NAME / VENDOR NAME: Enter the name of the client payee or vendor.

6. MONTH - YEAR: Enter the month and year of service.

7. WARRANT NUMBER: Enter the warrant number.

8. WARRANT DATE: Enter the date of the warrant (MM/DD/YYYY).

9. SERVICE NAME: Enter the name of the client for whom the overpayment is being established.

10. TYPE OF SERVICE: Indicate the type of service.

11. SSPS CODE: The numeric code from item 36 of the DSHS 14-154 or DSHS 14-159.

12. SOURCE CODE: Item 31 from the DSHS 14-154 or DSHS 14-159 for the service that was overpaid. Enter 'NONE' if item 31 is blank.

13. REASON CODE: Item 37 on the DSHS 14-154 or DSHS 14-159 for the service that was overpaid. Enter 'NONE' if item 37 is blank.

14. AUTHORIZATION NUMBER: Item 2 of the DSHS 14-154 or DSHS 14-159 that authorized the amount overpaid.

15. INVOICE NUMBER: Item 1 on the Service Invoice, DSHS 08-141 or DSHS 08-194.

16. PROVIDER NUMBER: Enter the vendor's provider number.

17. AMOUNT: Enter the overpayment amount.

18. SIGNATURE: Signature of the worker completing the form.

19. DATE: Enter the date signed.

20. TOTAL AMOUNT: Enter the total of amounts in the column above.